

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 SHIRLINGTON ROAD, SUITE 930

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325076

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2015

through

M M M / D D D / Y Y Y Y Y Y
02 28 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dorie Velezis

Signature of Treasurer

Dorie Velezis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 02 / 01 / 2015 To: 02 / 28 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> 2015		<input type="text" value="414085.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="401427.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3596.18"/>	<input type="text" value="20232.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="405023.63"/>	<input type="text" value="434318.82"/>
7. Total Disbursements (from Line 31)	<input type="text" value="32083.53"/>	<input type="text" value="61378.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="372940.10"/>	<input type="text" value="372940.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="6311.09"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 02 01 2015

To:

 M M / D D / Y Y Y Y Y
 02 28 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1225.00

2825.00

(ii) Unitemized

2357.71

4833.58

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3582.71

7658.58

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

3582.71

7658.58

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

13.47

12574.40

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3596.18

20232.98

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

3596.18

20232.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	28583.53	57878.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	28583.53	57878.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32083.53	61378.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32083.53	61378.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3582.71	7658.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3582.71	7658.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	28583.53	57878.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	28583.53	57878.72

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. MR MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City
MORTON

State Zip Code
IL 61550

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF IL

Occupation

JUDGE

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2015

Transaction ID : SA11AI.14122

Amount of Each Receipt this Period

1225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1225.00

1225.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.14122
0103251-0000030

Form/Schedule:
Transaction ID:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. GARY BAUER

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	6					2	0	1

Mailing Address 2800 S SHIRLINGTON RD #930

City	State	Zip Code
ARLINGTON	VA	22206

Transaction ID : SB21B.14193Purpose of Disbursement
PAC CONSULTING POLITICAL AND ADMIN

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

11750.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. BB&T

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	7					2	0	1

Mailing Address 2800 S Quincy St.

City	State	Zip Code
Arlington	VA	22206

Transaction ID : SB21B.14170Purpose of Disbursement
BANK FEES

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

144.54

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. BB&T

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	1					2	0	1

Mailing Address 2800 S Quincy St.

City	State	Zip Code
Arlington	VA	22206

Transaction ID : SB21B.14164Purpose of Disbursement
BANK FEES

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

112.09

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

SUBTOTAL of Disbursements This Page (optional)..... ►

12006.63

TOTAL This Period (last page this line number only)..... ►

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

CAMPAIGN FOR WORKING FAMILIES

State: District:

MM / DD / YYYY

2500.00

State: District:

02 / 19 / 2015

3152.77

State: District:

5664.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address P.O. BOX 3005

City State Zip Code
SOUTHEASTERN PA 19398Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 26 2015**Transaction ID : SB21B.14190**

Amount of Each Disbursement this Period

259.54

Full Name (Last, First, Middle Initial)

B. CT CORPORATION

Mailing Address 1015 15TH STREET NW#1000

City State Zip Code
WASHINGTON DC 20005Purpose of Disbursement
LICENSES AND PERMITS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 11 2015**Transaction ID : SB21B.14173**

Amount of Each Disbursement this Period

395.00

Full Name (Last, First, Middle Initial)

C. DESIGN4, INC

Mailing Address 106 N. COLLINS ST

City State Zip Code
PLANT CITY FL 33563Purpose of Disbursement
PAC ADVERTISING PRODUCTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 19 2015**Transaction ID : SB21B.14182**

Amount of Each Disbursement this Period

1650.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2304.54

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. HELLER INFORMATION SERVICES

Mailing Address 30 W GUDE DR, #220

City	State	Zip Code
ROCKVILLE	MD	20850

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2015

Transaction ID : SB21B.14185

Amount of Each Disbursement this Period

211.50

Full Name (Last, First, Middle Initial)

B. IRON MOUNTAIN

Mailing Address P.O. BOX 27128

City	State	Zip Code
NEW YORK	NY	10087

Purpose of Disbursement
STORAGE FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2015

Transaction ID : SB21B.14177

Amount of Each Disbursement this Period

334.32

Full Name (Last, First, Middle Initial)

C. LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City	State	Zip Code
PHILADELPHIA	PA	19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2015

Transaction ID : SB21B.14178

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

895.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. LPS

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2015

Transaction ID : SB21B.14196

Amount of Each Disbursement this Period

431.71

B. LPS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2015

Transaction ID : SB21B.14197

Amount of Each Disbursement this Period

100.00

C. LPS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2015

Transaction ID : SB21B.14201

Amount of Each Disbursement this Period

384.59

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

916.30

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. BILL MOELLER

Mailing Address 2800 S SHIRLINGTON RD #930

City
ARLINGTONState
VAZip Code
22206Purpose of Disbursement
PAC - CONSULTING RESEARCH/WRITER

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 26 2015
Transaction ID : SB21B.14189

Amount of Each Disbursement this Period

2250.00

Full Name (Last, First, Middle Initial)

B. PR NEWSWIRE

Mailing Address P.O. BOX 5897

City
NEW YORKState
NYZip Code
10087Purpose of Disbursement
PAC PRESS RELEASE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 11 2015
Transaction ID : SB21B.14179

Amount of Each Disbursement this Period

235.00

Full Name (Last, First, Middle Initial)

C. Dorie Velezis

Mailing Address 2800 S Shirlington Rd #930

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
PAC COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 26 2015
Transaction ID : SB21B.14191

Amount of Each Disbursement this Period

2250.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4735.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address P.O. BOX 17577

City BALTIMORE State MD Zip Code 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 19 2015
Transaction ID : SB21B.14187

Amount of Each Disbursement this Period

441.07

Full Name (Last, First, Middle Initial)

B. DEAN VIRAG

Mailing Address 14511 RILLHURST DR

City CULPEPER State VA Zip Code 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 11 2015
Transaction ID : SB21B.14174

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
PAC CAGING & DATA SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 19 2015
Transaction ID : SB21B.14203

Amount of Each Disbursement this Period

494.35

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1435.42

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMERICA DIRECT

Nature of Debt (Purpose):

PAC DIRECT MAIL PRODUCTION

Mailing Address 1272 CORPORATE PARK DR

City State

Zip Code

FOREST

VA

24511

Outstanding Balance Beginning This Period

2955.31

Transaction ID : SD10.4357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2955.31

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECTECH

Nature of Debt (Purpose):

**CAGING AND DATA PROCESSING
SERVICES**

Mailing Address 8595 GROVEMONT CIRCLE

City State

Zip Code

GAITHERSBURG

MD

20877

Outstanding Balance Beginning This Period

223.11

Transaction ID : SD10.4359

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LPS

Nature of Debt (Purpose):

PAC DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City
FAIRFAXState
VAZip Code
22031

Outstanding Balance Beginning This Period

531.71

Transaction ID : SD10.14086

Amount Incurred This Period

0.00

Payment This Period

531.71

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

3178.42

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 19

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LPS

Nature of Debt (Purpose):

PAC DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.14200

Amount Incurred This Period

384.59

Payment This Period

384.59

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LPS

Nature of Debt (Purpose):

PAC DATA PROCESSING SERVICES

Mailing Address P.O. BOX 2325

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.14204

Amount Incurred This Period

328.87

Payment This Period

0.00

Outstanding Balance at Close of This Period

328.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MWM DIRECT MARKETING SERVICES

Nature of Debt (Purpose):

PAC DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City

ELKRIDGE

State

MD

Zip Code

21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID : SD10.4361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

1) **SUBTOTALS** This Period This Page (optional)..... ►

2649.77

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 19

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WASHINGTON INTELLIGENCE BUREAU

Nature of Debt (Purpose):

PAC CAGING AND DATA ENTRY SERVICES

Mailing Address 4128 PEPSI PLACE

City State

Zip Code

CHANTILLY

VA

20151

Outstanding Balance Beginning This Period

494.35

Transaction ID : SD10.14085

Amount Incurred This Period

0.00

Payment This Period

494.35

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WASHINGTON INTELLIGENCE BUREAU

Nature of Debt (Purpose):

PAC CAGING & DATA ENTRY SERVICES

Mailing Address 4128 PEPSI PLACE

City State

Zip Code

CHANTILLY

VA

20151

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.14202

Amount Incurred This Period

482.90

Payment This Period

0.00

Outstanding Balance at Close of This Period

482.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

482.90

2) **TOTALS** This Period (last page this line number only)..... ►

6311.09

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

6311.09